

Please type a plain sign (-) inside this box

Approved for use through 8/30/96, OMB 0831-0032
 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
 This form complies with the Paperwork Reduction Act of 1995. No persons are required to respond to a collection of information unless it carries a valid OMB control number.



DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration OR
Submitted with Initial Filing
☐ Declaration
Submitted after
Initial Filing

Attorney Docket Number	410.020
First Named Inventor	C. D'HULST et al
COMPLETE IF KNOWN	
Application Number	PCT?FR00/01384
Filing Date	May 19, 2000
Group Art Unit	
Examiner Name	

61623

As a defined named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

STARCH GRANULES CONTAINING A RECOMBINANT POLYPEPTIDE OF
INTEREST, A METHOD OF OBTAINING THEM, AND THEIR USES

The specification of which

(Title of the invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

May 19, 2000

as United States Application Number or PCT International

Application Number PCT/FR00/01384

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendments specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designates at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
99/06494	France	5/21/99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

(Page 1 of 5)

Run-time How Statement: This form is estimated to take 4-6 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

(January 1997)

Please type a full sign (+) inside this box



Under the requirements of Section 412 of the Patent Act of 1952, no persons are required to register to a collection of information unless it contains a check code control number.

DECLARATION

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(a) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Charles A. Muserlian	19,683		
Jordan B. Bierman	18,629		
Donald C. Lucas	31,275		
Bierman, Muserlian and Lucas	18,818		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name Bierman, Muserlian and Lucas

Address _____

Address 600 Third Avenue

City New York State New York ZIP 10016


Country U.S.A. Telephone (212) 661-8000 Fax (212) 661-8002

I hereby declare that all statements made herein of my own knowledge are true and that all statements made of information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent based thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name CHRISTOPHER Middle Initial _____ Family Name D'HULST Suffix (e.g., Jr.) _____

Inventor's Signature  Date 12/12/2001

Residence: City Wattrelos State FR Country France Citizenship FR

Post Office Address

Post Office Address

81, rue Pierre Catteau

City Wattrelos State _____ Zip F-59150 Country France

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Please print a plus sign (+) inside the box

410.020

Approved for use by the Department of Commerce
 Patent and Trademark Office
 DEPARTMENT OF COMMERCE
 Pursuant to the Paperwork Reduction Act of 1980, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

20

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	STEVEN	Middle Initial		Family Name	BALL	Suffix	
Inventor's Signature	<i>Ball</i>				Date	12/12/2001	
Residence City	Bourghelles	State		Country	France	Citizenship	FR
Post Office Address							
Post Office Address	59, rue Molhard						
City	Bourghelles	State		Zip	F-59830	Country	France
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature					Date		
Residence City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature					Date		
Residence City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature					Date		
Residence City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature					Date		
Residence City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	

☐ Additional inventors are being named on supplemental sheet(s) attached hereto